



Dart Hawkesbury  
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Canada

Tel (613) 632-5200

**D2565-203**  
**Job Sheet 166760**



Part No: D2565-203

Job Qty: <sup>2</sup> ~~4~~ ea

Part Name: Strut



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 10/16/17

Job Tracking No:

Due Date: 10/27/17

Created By: Marie Lajeunesse

Type: Stock

Description:

Customer: Great Slave Helicopters Ltd (CGREA01)

Accounting Office, 6285 Airport Way Kelowna, BC, V1V 1S1 Canada ph:(403) 286-2040 fx:(250) 765-0077.

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation                     | Qty   | Due Date | Standard  |         | Workcenter/Supplier   |           |
|-------|-------------------------------|-------|----------|-----------|---------|-----------------------|-----------|
|       |                               |       |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |
| 90    | Start up Operation            | 4 Ea  | 10/26/17 | 0.00      | 0.00    | Start up container    | MLL       |
| 100   | Brake NC                      | 4 pcs | 10/26/17 | 1.37      | 0.20    | Brake NC 3            | MLL       |
| 110   | Small Fab                     | 4 pcs | 10/26/17 | 0.00      | 0.72    | Small Fab             | MLL       |
| 120   | QC                            | 4 pcs | 10/26/17 | 0.00      | 0.00    | QC5                   | 38        |
| 130   | Powdercoat <sup>M130274</sup> | 4 pcs | 10/27/17 | 0.00      | 0.13    | Powdercoat2           | BL 9:30s  |
| 140   | QC                            | 4 pcs | 10/27/17 | 0.00      | 0.00    | QC3                   | 38        |
| 150   | Packaging                     | 4 pcs | 10/27/17 | 0.00      | 0.00    | Packaging3            | SP 9:30   |
| 160   | QC21-SA                       | 4 Ea  | 10/27/17 | 0.00      | 0.00    | QC21                  |           |

Part Op 100 - Punch as per Dwg D2565 using DT 8313

Descriptions: 110 - Drill hole as per Dwg D2565 (one end only)

130 - START TIME: \_\_\_\_\_ FINISH TIME: \_\_\_\_\_

MLL 1710:31

### Job Allocations

| Operation             | Component Part   | Required              | Inventory | Allocated | Std Qty |
|-----------------------|------------------|-----------------------|-----------|-----------|---------|
| 90-Start up Operation | M304TR0.750W.049 | <sup>138403</sup> 3.5 | 55        | 0         | 0       |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                        |                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|--|--|--|--|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Dart Aerospace Ltd.</b><br/>1270 Aberdeen Street<br/>Hawkesbury, ON K6A 1K7<br/>CANADA<br/>TEL: 1 613 632-5200<br/>Email: sales@dartaero.com<br/>www.dartaerospace.com</p> </div> <div style="width: 45%; text-align: center;"> <p><b>D2565 - 203</b></p> <p><b>Start up Operation</b></p> <p><b>2</b></p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><b>S001510</b></p> <p><b>Strut</b></p> </div> <div style="width: 45%;"> <p><b>PART NO:</b></p> <p><b>Revision:</b></p> <p><b>Operation:</b></p> <p><b>Quantity:</b></p> <p><b>Change No:</b></p> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>Mfg Date: 10/24/17</p> <p>Job No: 166760</p> </div> |  | <b>DISPOSITION</b>                                                                                                                     |                                                                                                                                                          | <b>AGAINST DEPARTMENT/PROCESS</b>                                                                                                                     |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | work <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>As-is <input type="checkbox"/><br>Reworked <input type="checkbox"/> | Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/> | Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | QTY Effective :                                                                                                                        |                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                       |                                                                                                            | MRB (QSI042) Approval |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Disposition</b>                                                                                                                     |                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                       |                                                                                                            | Completed By          |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                        |                                                                                                                                                          |                                                                                                                                                       | Lead hand / Supervisor Approval Verification                                                                                                                          |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                        |                                                                                                                                                          |                                                                                                                                                       | QC / QA Coordinator Approval                                                                                                                                          |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                        |                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
| <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                        |                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
| ave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Temperature/Cure                                                                                              | <input type="checkbox"/> Power Loss/Surge                                                                                                                | <input type="checkbox"/> Positioned Wrong                                                                                                             |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Set-up                                                                                                        | <input type="checkbox"/> Folio/Program                                                                                                                   | <input type="checkbox"/> Outside Dimensions                                                                                                           |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> BOM/Route                                                                                                     | <input type="checkbox"/> Grain                                                                                                                           | <input type="checkbox"/> Over/Under tolerance                                                                                                         |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Broken/Damage/Defect                                                                                          | <input type="checkbox"/> Weld                                                                                                                            | <input type="checkbox"/> Part Incorrect                                                                                                               |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Inspection Incomplete/Unqualified                                                                             | <input type="checkbox"/> Wrong Stock Pulled                                                                                                              | <input type="checkbox"/> Part Lost/Missing                                                                                                            |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Contamination                                                                                                 | <input type="checkbox"/> Out of Sequence                                                                                                                 | <input type="checkbox"/> Part Moved                                                                                                                   |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Countersink                                                                                                   | <input type="checkbox"/> Off-set                                                                                                                         | <input type="checkbox"/> Drawing                                                                                                                      |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Cut Too Short                                                                                                 | <input type="checkbox"/> Mislabeled                                                                                                                      | <input type="checkbox"/> Finish                                                                                                                       |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Instructions Incomplete/Unclear                                                                               | <input type="checkbox"/> Fit/Function                                                                                                                    | <input type="checkbox"/> Misread                                                                                                                      |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Drill Holes                                                                                                   | <input type="checkbox"/> Misaligned/off center                                                                                                           | <input type="checkbox"/> Turning Sequence                                                                                                             |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |
| Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/>    |                                                                                                                                                          | Marks/Chatter <input type="checkbox"/><br>OTHER : <input type="checkbox"/>                                                                            |                                                                                                                                                                       |                                                                                                            |                       |  |  |  |  |